### **EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST**

## TRUST RESPONSE TO ADDRESS THE MID STAFFORDSHIRE NHS FOUNDATION TRUST - ROBERT FRANCIS PUBLIC INQUIRY

# SURREY COUNTY COUNCIL HEALTH SCRUTINY COMMITTEE 4<sup>TH</sup> JULY 2013

## **INTRODUCTION**

- 1. On February 6<sup>th</sup> 2013 the Robert Francis Public Inquiry report was published. This report criticised Mid Staffordshire NHS Foundation Trust, many regulators and scrutiny groups for significant failings in healthcare, leadership and management.
- 2. The government published a formal response on March 26<sup>th</sup> 2013 reaffirming the common principles of the NHS Constitution, stating that patients must be listened to, and that quality and compassion in care should be at the heart of all that we do, with a commitment to openness and candour.

#### **STAFF BRIEFINGS**

- 3. A large number of briefing events have been held across Epsom and St Helier University Hospitals NHS Trust involving various multi-disciplinary groups to highlight the key findings of the Francis Report and the Government Response.
- 4. Listening events have also been held in each clinical and non-clinical directorate to gain an understanding of views of members of staff across the Trust about the safety, quality of care and the patient experience. The organisation has a group of 150 top managers who have been facilitating these listening groups. A key question that is being asked of staff is:

'If there was one thing that you could do to make a difference to improve care, what would it be'.

In addition, staff have been asked if they would recommend their service to friends and family, and the reasons for that view. The feedback from listening groups will form the basis of a wider consultation within the Trust led by the Chief Executive. It is intended to launch this event in July.

### **GOVERNANCE STRUCTURES AND PROCESS**

5. Each directorate has been asked to review their governance structures and procedures that are in place, and to gain an understanding of how the team and individual feedback from incidents and concerns occurs. They have been asked to provide a gap analysis to inform a wider steering group.

- 6. A Francis Steering Group has been set up, and is meeting monthly. It reports to the Trust Executive Committee (TEC), and is tasked to:
  - Assure the TEC that the Trust's Responsibilities in relation to the Francis Report recommendations are being met across the organization;
  - Provide a multi-disciplinary forum for discussion by senior members of the Trust's staff, of all issues relevant to the Trust's responsibilities regarding the report:
  - Monitor the actions required within the Trust-wide action plan;
  - Provide evidence that each recommendation has a plan and time-frame for completion.
- 7. The Steering Group has reviewed all 290 recommendations. Of these, 100 are directly applicable to Acute Trusts. Four working groups have been assigned to deliver an action plan to provide assurance that these recommendations are delivered. Each working group is chaired by an Executive Director:

•	Organisational Development	Director of People and Organisational
		Development
•	Complaints and Patient Experience	Director of Nursing and Quality Assurance
•	Risk and Quality Assurance	Joint Medical Director (Epsom)
•	Effective Ward Care	Joint Medical Director (St Helier)

The Working Groups will encompass feedback from patients, visitors, staff and other stakeholders to reflect opinions about the findings of the Francis Report and their views about patient care and services within the Trust.

- 8. The Trust has committed additional resource in the order of £0.5million to enhance Quality Assurance and Governance. It is intended to:
  - restructure the Trust's governance structure, bringing staff together into a newly formed 'Quality Directorate' reporting to a team lead who, in turn, reports to a single Executive Director;
  - strengthen the Directorate management triumvirate introducing a senior manager who will lead and influence within the Directorate management team on quality, governance and patient safety matters; This support should also create a framework for learning across the organisation and to improve the patient experience
  - strengthen the link with the medical teams through the appointment of an Associate Clinical Director working alongside the quality team lead and, newly appointed, clinical leads assigned to Directorates.

#### SUMMARY AND CONCLUSIONS

- 9. NHS Trusts are required to set out how they intend to respond to the inquiry's conclusions before the end of 2013. This paper highlights the actions taken by the Trust to date.
- 10. Epsom and St Helier University Hospitals NHS Trust will work to ensure that a detailed set of actions are developed and implemented to enhance patient safety, outcomes and experience and to embed a culture of openness, honesty, candour and compassion when delivering health care.